

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/	10	/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	0		/			
18	0		/			
19	0		/			
20	0		/			
21	0		/			
22	1					
23	/					
24	/					
25	/					
26	/	4				
27	4					
28	4					
29	0					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0					
37	0					
38	0					
39	0					
40	0					
41	0					
42	0					
43	0					
44	0					
45	0					
46	0					
47	0					
48	1					
49	1					
50	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	0		/			
53	/		/			
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						